

Case Number:	CM13-0041128		
Date Assigned:	12/20/2013	Date of Injury:	08/02/2010
Decision Date:	05/07/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who reported an injury on August 02, 2010. The mechanism of injury was a cumulative trauma. The documentation of August 30, 2013 revealed that the injured worker's mood was "good." Her range of emotional expression was normal, and the injured worker had no current thoughts of wanting to harm herself or others. The injured worker's diagnoses were major depressive disorder, single episode, mild, and anxiety disorder, not otherwise specified. A request was made for eight (8) cognitive behavioral psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COGNITIVE BEHAVIORAL PSYCHOTHERAPY1X8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PSYCHOTHERAPY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COGNITIVE BEHAVIORAL THERAPY, COGNITIVE THERAPY FOR DEPRESSION.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not address cognitive behavioral therapy for major depressive disorders. The Official Disability

Guidelines indicate that up to 50 sessions may be appropriate if the injured worker has major depression and if progress is being made. The injured worker was noted to have undergone 13 sessions of prior cognitive behavioral therapy. The clinical documentation submitted for review failed to indicate objective progress that was being made. Given the above, the request for eight (8) cognitive behavioral psychotherapy sessions are not medically necessary.